



**SIKKIM MANIPAL UNIVERSITY**  
**MEDICLAIM DETAILS 2020-21**  
**FOR EMPLOYEE COVERAGE**

**Employee Number**

**Employee Name**

Name:	
Date of Birth/Age:	
Spouse's Name:	
Date of Birth/Age:	
1st Child's Name:	Gen.
Date of Birth/Age:	
2nd Child's Name:	Gen.
Date of Birth/Age:	

Signature:  
Designation:  
Grade :  
Location :

**Note: As per the policy, midterm inclusion of dependents is not acceptable**

***Declaration: The above mentioned details are correct as per my knowledge.***

Attestation by HR Personnel			
Name:		Date:	
* Signature :			



**SIKKIM MANIPAL UNIVERSITY**

Unit Name:-

**MEDICLAIM DETAILS 2020-21**

**Employee Number**

**Employee Name**

**Insurance for Parents.(This is optional)**

The premium of the Parent's / In law Medical Insurance Policy will be borne by the individual employees completely. Employees who want their parents covered will have to pay the premium as per the below table. The Premium table is given as per life.

Please fill in the below table:

Relationship	Name	Date of Birth	Age	Sum Insured

Signature

Location:

Grade:

Designation:

**NOTE: As per the policy, midterm inclusions of parents/ in law is not acceptable**

***Declaration: The above mentioned details are correct as per my knowledge.***

Attestation by HR Personnel

Attestation by HR Personnel			